

# Mississippi Resident Individual Income Tax Return 2007

**Duplex or Photocopies NOT Acceptable**

For Official Use Only

## WII B

### Page 1

<b>Name &amp; Address</b>	Taxpayer Last Name	Taxpayer First Name	Middle Initial	Taxpayer SSN	
	Spouse Last Name	Spouse First Name	Middle Initial	Spouse SSN	
	Mailing Address (Number & Street, Including Rural Route)				
	City	State	Zip		

## ▲ YOU MUST ENTER SSN ▲

Residence County Code - See Instructions

<b>Filing Status and Exemptions</b>	1.	Married - Combined or Joint Return - Enter \$12,000 on Line 12.		<b>Filing Status and Exemption Amounts</b>	7.	Mark "X" ONLY if:	
	2.	Married - Spouse Died in Tax Year - Enter \$12,000 on Line 12. Enter Spouse Name and SSN in boxes provided above.				Taxpayer Age 65 or Over	Taxpayer Blind
	3.	Married - Filing Separate Returns - Enter \$12,000 on Line 12. Enter Spouse Name and SSN in boxes provided above.				Spouse Age 65 or Over	Spouse Blind
	4.	Head of Family - Enter \$8,000 on Line 12. Provide Name, SSN, and Relationship of the Dependent Living in the Home with You on Line 6.			8.	Number of Dependents Listed on Line 6	
	5.	Single - Enter \$6,000 on Line 12.			9.	Number of Boxes Marked "X" on Line 7	
	6.	Dependents (In column (b) enter C for child, P for parent or R for relative).			10.	Total of Line 8 plus Line 9	
	(a) Name	(b)	(c) Dependent SSN		11.	Line 10 x \$ 1,500 =	
					12.	Enter Amount from Lines 1 through 5.	
					13.	Total (Line 11 plus 12).	
					14.	If Filing MFS Returns, Enter 1/2 of Line 13.	

If Filing a Combined Return, Use Column A for Taxpayer and Column B for Spouse, Otherwise Use Column A ONLY. See instructions in booklet.

### Column A (Taxpayer)

### Round to Nearest Dollar

### Column B (Spouse)

<b>Income</b>	15. Wages, salaries, tips, etc. (Must Attach W-2s.)				
	16. Other Income (Amount from Line 46, Page 2 of this Form.)				
	17. Adjustments to Gross Income (Amount from Line 55, Page 2 of this form.)				
	18. Mississippi Adjusted Gross Income (Line 15 plus Line 16 minus Line 17.)	▶ (P)		▶ (B)	
	19. Standard or Itemized Deductions (For Itemized Deductions, see Schedule A, Form 80-108.)	▶ (F)		▶ (H)	
	20. Amount of Exemption Line 13 (Line 14 if Married Filing Separately)				
	21. Mississippi Taxable Income (Line 18 Less Lines 19 and 20). See Instructions (If less than 0, enter 0)				

<b>Credits</b>	22. Total Income Tax Due (From Schedule of Tax Computation, Page 2 of this form)				
	23. Mississippi Income Tax Withheld (Must Attach W-2s.)			▶ (W)	
	24. Estimated Tax Payments and/or Amount Paid with Extension			▶ (E)	
	25. Credit for Income Tax Paid to Another State (Must Attach Copy of Return filed with other States.)			▶ (S)	
26. Other Credits (See Instructions) Enter code for each type of credit claimed.			▶ (O)		
27. Total Credits (Add Lines 23 through 26)					

<b>Refund or Balance Due</b>	28. Enter the Amount of Overpayment If Line 27 is Larger than Line 22.				
	29. Amount of Overpayment to be Applied to Your Next Year Estimate Tax Account.			▶ (C)	
	Voluntary Contribution Check-offs (From Form 80-108, Page 1) Enter Total of J, K, L, M, N, and Z in Right Column				
	30. ▶	(J) Military Family Relief Fund	(L) Wildlife Heritage Fund	(N) Wildlife Fisheries Parks Foundation	
	(K) Commission for Volunteer Service Fund	(M) Educational Fund	(Z) Mississippi Burn Care Fund		

31. Amount of Overpayment to be Refunded to You (Subtract Lines 29 and 30 from Line 28)				
32. Enter Balance Due If Line 22 Is Larger Than Line 27.				
33. Interest on Underpayment of Estimated Tax Payments			▶ (I)	
34. Late Payments - Interest @ 1% Per Month and Penalty @ 1/2% Per Month.			▶ (T)	
35. <b>TOTAL DUE</b> (Add Lines 32, 33, and 34.) Attach Check or Money Order for Total Due payable to: <b>State Tax Commission.</b> (ENCLOSE PAYMENT VOUCHER 80-106)			<b>TOTAL DUE</b> ▶ (V)	

**PLEASE SIGN THIS TAX RETURN IN THE SIGNATURE AREA PROVIDED ON THE BOTTOM OF PAGE 2.**

Mail **REFUND** To: Office of Revenue, P.O. Box 23058, Jackson, MS 39225-3058

Mail **All Other Returns** To: Office of Revenue, P.O. Box 23050, Jackson, MS 39225-3050



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# Mississippi Resident Individual Income Tax Return 2007

Page 2

SSN

SSN:  -  -

If showing a loss,  
shade minus (-) in box.

Example:



Column A (Taxpayer)

Column B (Spouse)

## Other Income

36. Business Income/(Loss)  
(Must Attach Fed Sch C or C-EZ)
37. Capital Gain (Loss)  
(Must Attach Fed Sch D)
38. Rent, Royalties, P-ships, S Corps,  
Trusts, etc. (Must Attach Fed Sch E)
39. Farm Income/(Loss)  
(Must Attach Fed Sch F)
40. Interest Income
41. Dividend Income
42. Alimony Received
43. Taxable Pensions and Annuities
44. Unemployment Compensation  
(Must Attach Form(s) 1099-G)
45. Other Income (Loss)  
MS Schedule N
46. Total Other Income (Add Lines 36  
through 45. Carry Amts. to Page 1, Line 16.)

Column A (Taxpayer)	Column B (Spouse)
00	00
00	00
00	00
00	00
00	00
00	00
00	00
00	00
00	00
00	00
00	00
00	00
00	00
00	00
00	00
00	00

Round To Nearest Dollar

## Adjustments to Income

47. Payments to an IRA
48. Payments to Self-Employed SEP,  
SIMPLE, & Qualified Retirement Plans
49. Interest Penalty on Early  
Withdrawal of Savings
50. Alimony Paid (Complete  
Sch P Below)
51. Moving Expense  
(Must Attach Fed. Form 3903)
52. National Guard or Reserve Pay  
Exclusion
53. MS Prepaid Affordable College Tuition (MPACT)  
and/or MS Affordable College Savings (MACS)
54. Self-Employed Health  
Insurance Deduction
55. Total Adjustments (Add Lines 47 through  
54. Carry Amts to Page 1, Line 17.)

Column A (Taxpayer)	Column B (Spouse)
00	00
00	00
00	00
00	00
00	00
00	00
00	00
00	00
00	00
00	00
00	00
00	00
00	00
00	00
00	00
00	00

Round To Nearest Dollar

## Schedule of Tax Computation - Use taxable income from Page 1, Line 21. See booklet for instructions.

Tax Rate(s)	Taxpayer (Column A)	Spouse (Column B)	Total	Rate	Income Tax
1. First \$5,000 or Part	+	=		x 3%	
2. Next \$5,000 or Part	+	=		x 4%	
3. Remaining Balance	+	=		x 5%	
4. Subtotal	+	=			
5. Total Income Tax - Enter on Page 1, Line 22					

## Schedule P - Alimony Paid

If a deduction is claimed for Alimony Paid,  
please furnish the name, SSN, and the  
state of residency of the individual to whom  
the amount was paid.

Name

SSN of Recipient

State of Residency

SSN of Recipient:  -  -

State of Residency:

**THIS RETURN MUST BE SIGNED.** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete.

Taxpayer Signature	Taxpayer Phone ( )	<b>This Return may be discussed with the preparer.</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	Paid Firm Identification Number or PTIN - - - - -
Spouse Signature (If joint, <b>BOTH</b> must sign)	Date		Paid Preparer Social Security Number or PTIN - - - - -
Paid Preparer Signature	Date	Paid Preparer (Print Firm Name)	
Paid Preparer Phone ( )	Paid Preparer Address		

OR